

Diabetes mellitus type 2, hypertension and asthma: management of exacerbations in Australian general practice

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Background

- In Australia, chronic disease is predominately managed in the general practice setting
- T2 diabetes, hypertension (HT) and asthma are amongst the most common chronic diseases managed (AIHW 2005)
- T2 diabetes, ischaemic heart disease/HT and asthma were the conditions investigated during The Practice Capacity and Chronic Disease Management Study

Background (cont.)

- The General Practice Clinical Care Interview (GPCCI) was developed during stage 2 of the Practice Capacity study
- It was designed to measure the quality of chronic disease care
- The GPCCI was administered to GPs during stage 3

Objective

To explore how GPs manage exacerbations of:

- T2 diabetes
- Hypertension
- Asthma

Research Questions

1. Do GPs who use recommended evidence based guidelines provide better quality chronic disease care?
2. How do GPs in Australia manage exacerbations of asthma, diabetes and hypertension?

Methods

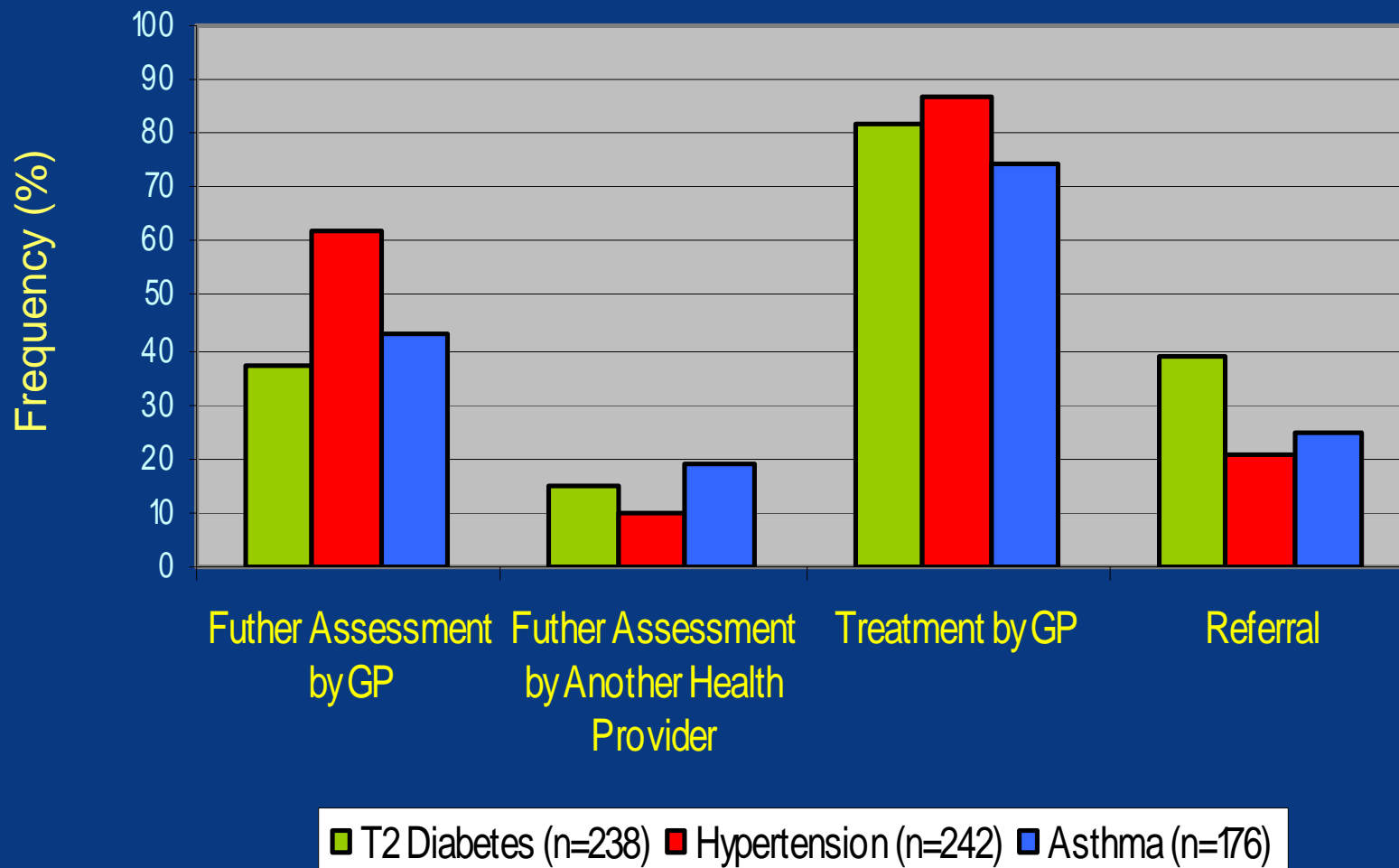
- Participants & setting: n=249 GPs
 - from rural (39%) and metropolitan (61%) locations
 - solo practices (10%)
 - 2-3 GP practices (24.5%)
 - 4+ GP practices (65.5%)
- Design & instrument: secondary analysis of data collected via the GPCCI

Analysis

- Free text information was coded into four categories
- Data were analysed using univariate and multivariate statistics in SPSS
- Free text data were content-analysed with the aid of NVivo7

Results

Management Actions – T2 Diabetes, Hypertension & Asthma



Results

- Overall, GPs were less likely to recommend 'further assessment by another health provider' and most likely to 'treat' patients with exacerbations
- GPs were:
 - 65% less likely to 'further assess' for diabetes than they were for HT ($p<0.01$)
 - 56% less likely to 'further assess' for asthma than HT ($p=0.01$)

Results

- In larger practices (4+ GPs) GPs were :
 - 2.7 times more likely to refer for diabetes than for HT ($p < 0.01$)
 - 2.4 times more likely to refer for diabetes than asthma ($p = 0.02$).

Results

Table 1: Content-analysis

Disease	Further Assess by GP	Further Assess by Another	Treatment by GP	Referral
Diabetes	Checking/assess diet	Endocrino- logist	Changing/adding/ adjusting medication	Endocrino- logist/ diabetes educator
HT	Re-check BP	Practice nurse	Changing/adding/ adjusting medication	Cardiologist
Asthma	Review medication	Respiratory specialist	Changing/adding/ adjusting medication	Respiratory specialist

Conclusions

- GPs most likely to 'treat' outside normal range diabetes, hypertension and asthma.
- GPs were more likely to 'further assess' for HT than asthma or diabetes
- GPs were 2 times more likely to refer for diabetes than for HT and asthma

Further research / analyses

- Guideline use and quality of care.
- Determine effectiveness of clinical practice guidelines in managing exacerbations

Implications for Practice

- Better understanding of the management of exacerbations in general practice...
 - More effective management
 - Less occurrences of exacerbations
 - Better quality of life

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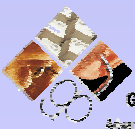
- Dr N. Briggs



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QUESTIONS?



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